

PRIVATE NONPROFIT TRANSPORTATION PROVIDERS

ANNUAL REPORT

-OF-

Full Name and Address of Reporting Carrier	Correct name and address, if different than shown

TO THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION FOR THE

Year Ended December 31, 1997

This report is for Private Nonprofit Transportation Providers engaged in the transportation of persons with special transportation needs for compensation as defined in WAC 480-31-130.

Mail an ORIGINAL signed copy of this report with the appropriate regulatory fee payment to Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250

Retain a copy of this report for your records.

SUMMARY OF FEES

Reception No. _____

1. Total number of vehicles operated during 1997 (See Section 2 of report)		WUTC Use only
2. 1998 Regulatory Fee	\$10.00	
3. Regulatory Fee Calculation (Multiply Line 1 by Line 2)	\$	(231-01)
4. Late Penalty: If paying after May 1, 1998, multiply Line 3 x .02	\$	(231-11)
5. Interest: 1% due for each month thereafter. <small>(e.g., If paying after June 1, 1998, multiply Line 3 x .01 If paying after July 1, 1998, multiply Line 3 x .02 etc.)</small>	\$	(231-11)
6. Add Line 3 , Line 4 and Line 5---This is your TOTAL DUE	\$	

This report must be filed no later than May 1

Section 1 - PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation.)

Section 2 - VEHICLES OPERATED - Indicate vehicles operated during the preceding year under certificate issued by Washington Utilities and Transportation Commission to provide transportation services (for compensation) for persons with special transportation needs.

Year, Make & Model	Passenger Seating Capacity	Number of Vehicles
Total vehicles operated		

Section 3 - SOURCE OF COMPENSATION - Check each that applies and provide a brief description.

☐ Grants or Contracts ☐ Passenger Fares ☐ Other

Section 4 - I certify that the information and fee calculation contained herein are true and correct to the best of my knowledge and belief.

Signature

Title

Date

(Name and telephone number of individual to whom correspondence concerning this report should be addressed)